

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 2783  
501

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steelville</u>		0280	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Baptist Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>--</u>			
3. NAME OF DECEASED (Type or Print) <u>Zole</u>		a. (First) <u>Alice</u>		b. (Middle) <u>Martin</u>		c. (Last) <u>Martin</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>1888 Feb. 4, 1887</u>	
9. AGE (In years last birthday) <u>63</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		13a. FATHER'S NAME <u>Will Ed Coleman</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
13c. NAME OF HUSBAND OR WIFE <u>Ian W. Martin</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		15. SOCIAL SECURITY NO. <u>none</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Helen Dix</u>	
17. ADDRESS <u>1000 Upper Cahokia Rd. East St. Louis, Ill.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <u>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolus</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart</u> DUE TO (c) <u>Popliteal embolus Rt</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>+200</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>10 days</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Dec 15, 1950</u> , to <u>Jan 16, 1951</u> , that I last saw the deceased alive on <u>Jan 15, 1951</u> and that death occurred at <u>6:18 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. J. Verba M.D.</u>		(Degree or title) _____		23b. ADDRESS <u>4500 Ship St.</u>		23c. DATE SIGNED <u>1-16-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>1-16-51</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Steelville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>JAN 17 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>		ADDRESS <u>4700 Washington</u>	

(Licensed Embalmer's Statement on Reverse Side)

26-193

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri

County of \_\_\_\_\_

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 2783/51

Local Registrar's No. 501

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 31 day of Jan, 1951, before me appears Helen Dix  
1900, who, upon Her oath, states that the original record of ~~birth~~ death  
for Zoia Alice Martin, died Jan. 16, 1951 in the State of  
Missouri, and which was filed at St. Louis, Mo. on Jan. 26, 1951 should be corrected as follows:

Item No. 8 should read ~~Feb. 4, 1887~~ Feb. 4, 1888

Instead of Feb. 4, 1887

Item No. 9 should read 62

Instead of 63

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Albert H. Hoppe Funeral Director  
Relationship. or

4700 Washington, St. Louis, Mo.

Present Address.

Subscribed and sworn to before me this 31 day of Jan, 1951

My Commission expires 3-4-53

E. C. Padlock Notary Public.

